ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

RECEIVED
SEP 16 2020
BY:

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Sept. 16, 2020 Case Number: 21-31

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: CYNTHIA GORDON DVM

Premise Name: SOUTHERN ARIZONA VET SPECIALTY & EMERGENCY CENTER

Premise Address: 7474 E. BROADWAY

City: TUCSON State: AZ Zip Code: 85710

Telephone: 520-888-3177

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: BOBBY J. OCKERHAUSEN

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone (CELL): [redacted] Cell Telephone (WIFE): [redacted]

STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: TEDDY OCKERHAUSEN

Breed/Species: SHIH TZU

Age: 11 ½ Sex: M Color: BROWN/WHITE

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

GLEN GRADY DVM SAMS CENTER AUG. 28, 2020

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

TECHNICIANS THAT WORK AT THE CENTER

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Bobby Ockerhausen

Date: 9/14/20

F. ALLEGATIONS and/or CONCERNS:
Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

ON FRIDAY 28 AUG I TOOK TEDDY TO THE CENTER. HE WAS GAGGING, SNEEZING, COUGHING & PANTING. HE WAS SEEN BY DR. GRADY AND SPENT ALL DAY AT THE CENTER, X-RAYED AND TESTED FOR VALLEY FEVER. HE WAS DIAGNOSED AS ALLERGIC, BRONCHI AND TRACEA PROBLEMS AND GIVEN PREDNISONE, OVER THE WEEKEND HE SHOWED A SLIGHT IMPROVEMENT. HOWEVER, BY TUESDAY HE WAS SHOWING THE SAME SYMPTOMS AND DIFFICULTY BREATHING. AT TWO A.M. WED, 2 SEPT HE WAS IN SO MUCH STRESS I GOT UP AND TOOK HIM BACK TO THE EMERGENCY CENTER. I WAS TOLD IT WOULD BE FOUR HRS. TO SEE A VET. I ELECTED TO GO HOME AND RETURN AT EIGHT A.M.

HE WAS ADMITTED AGAIN, X-RAYED BY DR. GORDON. HE WAS DIAGNOSED WITH PNEUMONIA AND PRESCRIBED AN ANTIBIOTIC. HE SPENT ALL DAY AT THE CENTER IN A CAGE FOR OBSERVATION. HOWEVER, HE WAS NOT GIVEN ANY MEDS. I PICKED HIM UP AT 3 P.M. WITH MEDS TO TAKE HOME AND TO BE GIVEN EVERY 12 HRS. I GAVE HIM THE FIRST PILL AT 4 P.M. HE WAS LATHARGIC (NO ENERGY) AND DID NOT WANT TO GO OUT AND PEE. HE WAS STILL COUGHING AND HAVING DIFFICULTY BREATHING. AT 8 P.M. I CALLED THE CENTER AND TALKED TO A TECHNICIAN. I SAID I WAS PROBABLY GOING TO BRING HIM BACK IN. THE TECHNICIAN SAID THAT THE ANTIBIOTICS TAKE ABOUT 4 TO 5 HRS TO TAKE EFFECT AND I MIGHT WANT TO WAIT A COUPLE HRS AND SEE IF THE MEDS WORK.

TEDDY WAS A COMPANION DOG FOR MY 81 YR OLD BLIND WIFE. SHE WAS PETTING HIM AND CONSOLING HIM TO TRY AND CALM HIM WHILE THE MEDS WERE WORKING. AT 9 P.M. SHE SAID HE WAS CALMING & WOULD I TAKE OVER PETTING HIM. I FELT HIS BREATHING STOP AND COULD NOT FEEL A HEART BEAT. I TOLD HER I THINK HE HAS PASSED AWAY. SHE WENT TO PIECES CRYING AND SOBBING. I CALLED THE CENTER AND TOLD THEM HE HAD PASSED AND I WAS BRINGING HIM IN FOR AUTOPSY AND CREMATION.

ON MONDAY 7 SEPT. I CALLED DR. GORDON TO DISCUSS TEDDY'S PASSING. DR. GORDON WAS SURPRISED AT HIS PASSING BECAUSE HE LOOKED OK ON WED. HE WAS IN THE CENTER. SHE SAID SHE WAS RELUCTANT TO GIVE HIM MEDS WED. BECAUSE HE MIGHT THROUGH IT UP ON THE RIDE HOME. (DO TO A PREVIOUS EXPERIENCE). NOT A GOOD REASON.

WE FEEL THAT WITH A DIAGNOSIS OF PNEUMONIA AND CLEAR INDICATIONS OF BREATHING DIFFICULTIES HE SHOULD HAVE BEEN GIVEN MEDS AND PERHAPS MORE AGGRESSIVE TREATMENT. AT LEAST MEDS DURING THE DAY ON WED. MIGHT HAVE GIVEN HIM A CHANCE TO RECOVER.

IN THE END, WE WOUND UP WITH OVER TWO THOUSAND DOLLARS IN VET BILLS, A LOT OF STRESS AND FRUSTRATION, AND THE LOSS OF OUR PRECIOUS LITTLE TEDDY DUE TO NEGLECT ON WED. LACK OF ADEQUATE MEDS IN A TIMELY MANNER.

RE: Cynthia Gordon, DVM reference number 21-31
October 1, 2020

In regards to "Teddy" Ockerhausen:

Teddy presented to SAVS ER on September 2, 2020 at 9:00 AM. He was triaged by ER tech and placed in kennel in treatment area. Due to COVID protocol still being in place, Teddy's owner was not allowed in the building. It is noted on intake form that Teddy's owner left at 9:45 a.m., elected a green CPR code, and that the owner had his own doctor's appointment at 1 p.m. and could pick Teddy up before or after this time.

I examined Teddy and noted a heart murmur, and he was very bright, alert, energetic, friendly, and he was barking at people walking by his kennel.
I asked one of my technicians, Rachel Barry, to call the owner to authorize recheck thoracic radiographs with radiology interpretation through Idexx, which the owner approved, as stated by Rachel Barry to me that morning. I prefer to call owners myself to discuss diagnostics before they are performed, but we were very busy and believed it would be more expedient to have my technician at least get things started in this way. Thoracic radiographs were taken (timestamped at 11:53 a.m. Sep 2, 2020) and sent to Idexx radiology for stat interpretation. Again, for expediency purposes and to try and cut down on already long wait times for our clients, I always submit radiographs for "stat" interpretation due to the faster turn-around time for results, whether the patient is in critical condition or not. At the time of my physical examination and during the time Teddy was in our hospital, he appeared to be and remain in stable condition (bright, alert, responsive, not dyspneic, not coughing, energetic in cage, interactive, wagging his tail, standing up, interested in everything going on around him).

After receiving radiology report, I called Mr. Ockerhausen to discuss the results and that I thought we could try antibiotic therapy for Teddy at this time to address possible pneumonia. I told Mr Ockerhausen about Teddy's heart murmur and he said yes he has had that for a long time. I told him that the radiographs indicated that this did not appear cardiac related. I told Mr. Ockerhausen if Teddy were not eating or drinking at home, or did not appear stable in the clinic, that we would be discussing hospitalizing him, but that since he clinically appeared stable and was stated to still be eating normally and drinking normally, I would send

(1)

home oral antibiotics at this time. I also relayed that the cocci titers that were sent off on his previous visit Aug 25, 2020 had come in and were negative. We discussed a pick-up time for 3 p.m. and Mr. Ockerhausen agreed. Teddy was discharged by staff and I had no further contact with Mr Ockerhausen that day.

The following day Sep 3, 2020, I was not scheduled for a shift but came in to SAVS ER for unrelated business. When I came into the building that morning, a member of the overnight staff relayed that Teddy had presented DOA late the previous night and that the owner had requested a necropsy, which had been performed by overnight DVM. Alex Salazar, also SAVS ER staff member, relayed that the Ockerhausens had called our ER late the previous night, before Teddy died, asking if they should bring Teddy back because he was having difficulty breathing, but during same conversation, the Ockerhausens said Teddy calmed down and they would not be bringing him.

My next shift was Monday September 7, 2020. Mr. Ockerhausen called in the morning during my shift that day to ask if necropsy results were back and to discuss why I thought Teddy may have passed away at home. I told him that the results were not back, and staff that sent the necropsy told me that the results may not be back until Thursday Sep 20,2020, expressed condolences for Teddy's passing. I discussed that an acute decline at home with a dog with a heart murmur could potentially be cardiac related. Mr Ockherhausen expressed that they had a dog in the past that survived valley fever after prednisone and valley fever medication. Mr Ockerhausen then put me on speaker phone and his wife was in the background. She expressed anger that Teddy had died, and asked why I did not give him his medication sooner. I told her that the time that Teddy was here in the hospital he remained bright, alert, appeared stable, and that generally I do not administer oral medication before sending a pet home due to previous experiences after administration of oral medication, if the pet vomits in the car, I have had owners call me back angry that the pet is now vomiting, and angry that they spent money on medication that was now vomited up and unable to be used. Mrs Ockerhausen said that the night they called our ER to report that Teddy was not doing well, she was told that the antibiotic would take 4 to 5 hours to work, and did not understand why I did not administer the medication sooner. Mrs Ockerhausen then screamed at me that she believed Teddy was neglected while he stayed here and she told me that she believed I was lying when I stated that he remained bright, alert and appeared stable. I stated that I

had no reason to lie. Mrs Ockerhausen stated that she was 81 years old and blind and Teddy was her companion. I expressed condolences of his passing again. She said that she expects a phone call as soon as his necropsy results are in, and she expects three copies of all records to be ready on Thursday Sep 10, 2020, and that her husband better not have to wait 4 hours in the parking lot this time, and that they would be contacting the Arizona Veterinary Medical Board the following day, Tuesday Sep 8, 2020. I told the Ockerhausens that we would indeed call as soon as results were available and that we would have copies of everything for them, but that I could not promise that the results would be in on Thursday. Phone call was ended at that time.

Saturday September 12, 2020, I was working an ER shift and our receptionist handed me a copy of Teddy's necropsy results around 7:45 p.m. that they had received via fax. Since Mrs Ockerhausen expressed that she wanted to pursue a board complaint, I felt that it would be better for someone other than myself to call and review necropsy results. Our overnight veterinarian was busy, but our intern, Dr. Jay Tuttle, was available, capable, and willing to call and discuss the results, which he did, and he documented this discussion in our communication message center.

Saturday September 26, 2020, one of our CSRs, Matthew Avelar, told me that he had received a phone call from Dr. Maria Miller, DVM on Monday September 21, 2020, stating that the Ockerhausens had contacted her to review Teddy's records. Communication noted in our message center.

Cynthia Gordon, DVM

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039
VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Cameron Dow, DVM
Brian Sidaway, DVM

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-31
Complainant(s): Bobby J. Ockerhausen
Respondent(s): Cynthia Gordon, DVM (License: 6667)

SUMMARY:
Complaint Received at Board Office: 9/17/20
Committee Discussion: 3/2/21
Board IIR: 4/21/21

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow)

On August 25, 2020, "Teddy" Ockerhausen, an 11.5-year-old male Shih-Tzu was presented to Respondent's associate for coughing and gagging. Diagnostics were performed; collapsing trachea and early heart disease was suspected and the dog was discharged with prednisone and cerenia.

On September 2, 2020, the dog was presented to Respondent with breathing issues. Radiographs were repeated and pneumonia was suspected. The dog was discharged with Clavamox. Later that evening, the dog passed away.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Bobby J. Ockerhausen*
- Respondent(s) narrative/medical record: *Cynthia Gordon, DVM*

PROPOSED 'FINDINGS of FACT':

1. On August 25, 2020, the dog was presented to Respondent's associate, Dr. Grady, for coughing and gagging for one night. Complainant reported minor episodes of gagging over a couple of days; Valley Fever titer was requested. The dog had a history of allergies and was being given Benadryl in the mornings.

2. Upon exam the dog had a weight = 5.6kg, a temperature = not documented, heart rate = 160bpm and a respiration rate = panting; BAR, anxious and barking, BCS 6/9. Dr. Grady noted a grade 2 – 3/6 heart murmur and no cough on tracheal palpation. Blood was collected for a Valley Fever titer. Thoracic radiographs were performed and revealed mild, moderate cardiomegaly and mild collapse of the main stem bronchi and trachea. The radiographs were reviewed by a radiologist. Conclusions as follows:

a. Mitral valve insufficiency was the most likely differential for the cardiomegaly;
b. No evidence of cardiogenic pulmonary edema; and
c. Compression and narrowing of the caudal mainstream bronchi and tracheal collapse were thought to be the most likely etiologies for the dog's coughing.

3. Radiologist report recommended empiric supportive and medical treatment as clinically indicated. Blood work and urinalysis could be acquired to further evaluate the metabolic status of the dog. Echocardiography, ECG analysis, and a cardiology consult were recommended. Fluoroscopy could be performed to further evaluate the severity and extent of the tracheal and bronchial collapse.

4. Later that day, the dog was discharged with prednisone 5mg; ½ tablet twice daily for 5 days, then ½ tablet once a daily, then ½ tablet every other day and cerenia 24mg; ½ tablet once daily. Complainant was instructed to call the following day if there was no response to the medications.

5. Complainant stated in his narrative that the dog showed slight improvement over the weekend but by Tuesday (September 1, 2020) the dog was showing the same symptoms and difficulty breathing. At 2:00am, Complainant attempted to get the dog evaluated on an emergency basis, but was told the wait would be four hours to see a veterinarian. He elected to go home and return at 8am.

6. On September 2, 2020, the dog was presented to Respondent to evaluate the dog's breathing issues. Complainant reported the dog was stressed, lethargic, and panting most of the time. Was evaluated the week before and dispensed medications that did not appear to be working. Complainant reported the dog was on prednisone and apoquel. Upon exam, the dog had a weight = 5.4kg, a temperature = 102.3 degrees, a heart rate = 160bpm, and a respiration rate = panting; Respondent noted a strong murmur 5 – 6/6, left sided. Respondent stated in her narrative that the dog was BAR, energetic, friendly and barking at people walking by his kennel.

7. Repeat thoracic radiographs were performed and evaluated by a radiologist. The radiographs were also compared to the views taken on August 25th. Radiographic interpretation (in part):
The radiographic findings revealed a progressive bronchiointerstitial pattern present throughout

all lung lobes with a heavy interstitial to alveolar pattern seen throughout the cranial ventral aspect of both left and right cranial lung lobes. It was possible that this could be indicative of progressive pneumonia in the patient.... There was moderate left atrial and ventricular enlargement. This was likely secondary to valvular insufficiency. No evidence of abnormal vascular distention was seen to indicate the presence of congestive heart failure. The pulmonary pattern was also inconsistent with cardiogenic pulmonary edema.

8. Respondent's assessment was possible early pneumonia and left atrial and left ventricular enlargement without current evidence of cardiogenic pulmonary edema. The dog was discharged with Clavamox 125mg, 14 tablets; give 1 tablet orally every 12 hours for 7 days. If the dog worsened, he may need to be admitted for more intensive care. Respondent also relayed the Valley Fever titers were negative.

9. Later that evening, Complainant called to report the dog had increased respiratory effort. Premises staff discussed what signs to look for and that if Complainant felt the dog was in respiratory distress, he should be brought in. During the call, Complainant stated the dog had calmed down and elected to monitor the dog; he would bring the dog in if necessary.

10. A couple hours later the dog passed away. Complainant wanted a necropsy performed on the dog.

11. On September 7, 2020, Respondent spoke to Complainant and his wife. She explained the necropsy results were not back yet and they discussed why she thought the dog passed away at home. Respondent relayed that a dog with a heart murmur could have cardiac related issues. Complainant and his wife expressed concerns that the dog was at the premises throughout the day and was not administered any medication. Respondent explained that the dog was stable, bright and alert, and that generally she did not administer oral medication prior to sending the dog home due to previous experiences of pets vomiting in the car on the way home. Complainant and his wife were not satisfied with that explanation.

12. On September 12, 2020, Respondent had her associate, Dr. Tuttle, relay the necropsy results to Complainant, rather than herself, since the pet owners had expressed wanting to pursue a board complaint. Necropsy Diagnosis:
Acute interstitial pneumonia, diffuse, moderate to severe edema, diffuse, severe, lung mineralization, focally extensive, unilateral, adrenal gland.

COMMITTEE DISCUSSION:

The Committee discussed that this was an unfortunate circumstance and was happy to see that a necropsy was performed. ARDS can happen no matter what is done; there was no indication that more intervention needed to be done as the dog was bright, alert and happy.

The Committee did not see anything that was done inappropriately, medically or professionally. ARDS could have happened in the amount of time the dog left the premises and arrived home. It would have been nice to have additional diagnostics, but that is a judgment of the veterinarian that is seeing the pet at that time. The dog was normally except for the few clinically

signs seen on the radiographs.

Respondent explained why she did not treat the dog while in the hospital, which made sense to the Committee. Unfortunately, the dog quickly decompensated after leaving the premises. Brachycephalic breeds' health can drastically change in a short amount of time with respect to their respiratory distress. The did not need oxygen while under the care of Respondent and while an injection may have appeased the pet owner it would likely not had any benefit to the dog.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division